

Agency Information

Applicant Agency: City of Anytown

Applicant Agency: Must match the Grant Agreement, Page 1, Box 2 (OTS-38)

Office Authorized to Receive Payments: City Treasurer

Office Authorized to Receive Payments: Must match the Grant Agreement, Page 1 Section D. (OTS-38) (Cannot be an individual's name)

Address: 2700 Main Street
Anytown, CA 90001

Address: Must match Grant Agreement, Page 1, Section D.

Grant No: PT0499

Grant Start Date: 10/1/2004

Agency Indirect Rate: 0.00%

Must match the Grant Budget, (OTS-38e)

STATE OF CALIFORNIA
OFFICE OF TRAFFIC SAFETY

GRANT CLAIM INVOICE

For work performed under provisions of the California Vehicle Code,
Chapter 1492 and the Public Law 8-564, Highway Safety Act of 1966 as amended

TO: Office of Traffic Safety
7000 Franklin Boulevard, STE 440
Sacramento, CA 95823-1820

Progress: ☒

Final: ☐

FROM:

Agency Name: City of Anytown
Office Authorized to City Treasurer
Receive Payments: 2700 Main Street
Anytown, CA 90001

Grant No: PT0499

Claim No: 1

Detail of Costs Reported From (Grant Start Date): October 1, 2004 thru December 31, 2004

	TOTAL COST TO DATE	LESS PRIOR CLAIMS	NET AMOUNT THIS CLAIM
PERSONNEL COSTS	11,567.00	0.00	11,567.00
TRAVEL EXPENSE	2,000.00	0.00	2,000.00
CONTRACTUAL SERVICES	313.00	0.00	313.00
EQUIPMENT	0.00	0.00	0.00
OTHER DIRECT COSTS	7,455.26	0.00	7,455.26
INDIRECT COSTS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL REIMBURSABLE AGENCY COSTS	\$ 21,335.26	\$ 0.00	\$ 21,335.26

I CERTIFY that I am duly appointed and acting officer of the herein named agency; that the amount claimed above has not been previously presented to or reimbursed through the true, correct, and in accordance with the contract provisions; that funds were expended for the purpose of the grant; and that the amount claimed above has not been previously presented to or reimbursed through the grant.

Submitted By & Title:
Must match either the Grant Director, Authorizing Official, or Fiscal Official as listed on the Grant Agreement, Page 1.
Exception-See Grant Program Manual, Chapter 5.2.

SUBMITTED BY: John K. Smith TITLE: Chief of Police

(Type Name and Title: Grant Director/Authorizing Official/Fiscal Official as listed on the Grant Agreement, Page 1.)

Signature:
Signature must match the name typed above.

SIGNATURE: _____ DATED: _____

OTS OPERATIONAL REVIEW: _____ DATED: _____

STATE OF CALIFORNIA
OFFICE OF TRAFFIC SAFETY

EXHIBIT 5-A
Claim Spreadsheet Sample

GRANT CLAIM DETAIL

Agency City of Anytown Grant No. PT0499 Claim No. 1

Period of Incurred Costs October 1, 2004 Thru December 31, 2004

Personnel Costs:

<u>Position/Persons Assigned</u>	<u>Salary</u>	<u>Overtime</u>	<u>Benefits</u>	<u>Total</u>
2 Police Officers	8,388.00		3,179.00	11,567.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
TOTAL COSTS	\$ 8,388.00	\$ 0.00	\$ 3,179.00	\$ 11,567.00
% Claimed:	<u>100%</u>	Total Personnel Costs:		\$ 11,567.00

Travel Expenses:

In-State: (List each trip for which costs are claimed and individuals traveling)

PTS Seminar November 15-18, 2004 - Officer Smith

Total Cost In-state Travel: 2,000.00

Out-Of-State: (List each trip for which costs are claimed and individuals traveling)

Total Cost Out-of-State Travel: 0.00

Total Travel Expenses: \$ 2,000.00

Contractual Services:

Contractor(s) Youth Coordinator

The contractor
invoice(s) must be
attached.

Total Invoiced (Attach Invoice(s)) 313.00

Percent Retention 0% 0.00

Total Contractual Services: \$ 313.00

EXHIBIT 5-A

Claim Spreadsheet Sample

Attach invoices and Equipment Report (OTS-25).

Total Equipment Costs: \$ 0.00

[illegible]

Total Other Direct Costs: \$ 7,455.26

Base (i.e., Salaries, Total Personnel Costs)	\$ 11,567.00
Approved Rate: 0%	

Total Indirect Costs: \$ **0.00**

TOTAL AMOUNT CLAIMED: \$ 21,335.26